

91764046

1000 U.S. PAT. OFF.

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>2/9</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>866</i>	<i>66-14-01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>907</i>	<i>9-7-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY